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Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number 619,515 Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR SMALL ENTITY (Column 1) (Column 2) SMALL ENTITY NUMBER FILED FOR NUMBER EXTRA RATE FFF RATE FEE BASIC FEE 3000 (37 CFR 1.16(a)) OR **TOTAL CLAIMS** 0 (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS 42_ (37 CFR 1.16(b)) minus 3 = OR 140 MULTIPLE DEPENDENT CLAIM PRESENT 250= (37 CFR 1.16(d)) OR * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR CLAIMS AS AMENDED - PART II OTHER THAN OR -(Column 2) (Column 3) (Column 1) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-EN **EXTRA** PREVIOUSLY AFTER TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total Minus ENDM (37 CFR 1.16(c)) OR . Minus 42= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) 140= OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Cólumn 3) CLAIMS HIGHEST മ PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-**EXTRA** ENT PREVIOUSLY **AFTER** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE ENDME Total Minus (37 CFR 1.16(c)) OR Independent Minus 2 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR 600 TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST O PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-ENT PREVIOUSLY **EXTRA AFTER** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE ENDME Total Minus = (37 CFR 1,16(c)) OR Independent (37 CFR 1.16(b)) Minus X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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PTO/SB/06 (08-03)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) NUMBER FILED FOR **NUMBER EXTRA** RATE FEE RATE FEE BASIC FEE (37 CFR 1.16(a)) :150 . 300 OR TOTAL CLAIMS ×:25. x : 50 (37 CFR 1.16(c)) minus 20 = QR INDEPENDENT CLAIMS x **:/00** x :200 (37 CFR 1.16(b)) minus 3 OR 360 MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR " If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL - - -- CLAIMS AS AMENDED - PART-II-OTHER THAN OR (Column 1) (Column 2) (Calumn 3) SMALL ENTITY SMALL ENTITY CLAUMS HIGHEST PRESENT REMAINING NUMBER RATE ADDI RATE ADDI-ENT AFTER AMENDMENT PREVIOUSLY **EXTRA** TIONAL TIONAL PAID FOR FEE Total NON یک x **: 50** = (37 CFR 1.16(c)) OR Independent (37 CFR 1.16(b)) Minus x :20 = Ш x s 100 = OR ..360. +.180. FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE ADD'L FEE OR (Column 1) (Column 2) (Calumn 3) CLAIMS HIGHEST α PRESENT REMAINING NUMBER RATE ADDI-RATE PREVIOUSLY AFTER TIONAL TIONAL AMENDMENT PAID FOR FEE FEE To(a) (37 CFR 1.16(c)) Minus ENDM x s**50** -OR Independent (37 GFR 1.15(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(d)) OR TOTAL ADO'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST Θ REMAINING NUMBER PRESENT RATE ADDI-RATE ADOL ENT . . AFTER._ AMENDMENT PREVIOUSLY EXTRA LAMOT TIONAL PAID FOR FFF FEE Minus Total 2 (37 CFR 1.15(c)) OR Minus (3) CFR 1.15(b)) 句 OR · . 180 FIRST PRESENTATION OF MULTIPLE DEPENDENT-CLAIM - (37-CFR-1/16(d))--.360 OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3",

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number tound in the appropriate box in column 1.

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